

CCAP Case Number: _____

Sentencing Date: _____

County: _____

Offender Age: _____

2nd Degree Sexual Assault of a Child, Wis. Stat. § 948.02(2)

**THIS WORKSHEET ONLY APPLIES TO:
Sentencing Hearings Held On or After 7/1/2005, for TIS-II Offenses (Offenses Committed On or After 2/1/2003).**

NOTE A: Where several options are presented, circle one and check *Mitigating* or *Aggravating*. [EX. Minimal / Leader]

NOTE B: Only check *Mitigating* or *Aggravating* for those factors that apply. Otherwise, leave the boxes unchecked.

OFFENSE SEVERITY	Mitigating	Aggravating
Characteristics of the Offense		
Type of Sexual Contact: <input type="checkbox"/> Contact <input type="checkbox"/> Intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>
Conduct More Serious than Offense of Conviction.....	<input type="checkbox"/>	<input type="checkbox"/>
Prior Abuse, specify duration: <input type="text"/> weeks / months / years.....	<input type="checkbox"/>	<input type="checkbox"/>
Preexisting Relationship Between Victim and Defendant.....	<input type="checkbox"/>	<input type="checkbox"/>
Age of Victim: <input type="text"/> Age of Defendant: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Type of Harm		
Threat / Abduction / Restraint.....	<input type="checkbox"/>	<input type="checkbox"/>
Great Bodily Harm / Extreme Emotional Harm.....	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy / Transmission of Disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Aggravating Factors, Wis. Stat. § 973.017 <input type="checkbox"/> N/A		
Concealed or Altered Appearance.....	<input type="checkbox"/>	<input type="checkbox"/>
Gang-Related Offense.....	<input type="checkbox"/>	<input type="checkbox"/>
Knowingly Exposed Victim to STD.....	<input type="checkbox"/>	<input type="checkbox"/>
Responsible for Victim's Welfare, per § 948.01(3).....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Penalty Enhancers, Wis. Stat. § 939 <input type="checkbox"/> N/A		
Repeat Offender (§ 939.62) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Repeat of Serious Sex Crime (§ 939.623) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse (§ 939.621) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous Weapon (§ 939.63) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
School Zone (§ 939.632) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crime (§ 939.645) <input type="checkbox"/> Pleaded and Proved	<input type="checkbox"/>	<input type="checkbox"/>
Role in Offense		
Minimal / Leader	<input type="checkbox"/>	<input type="checkbox"/>
Defendant was Manipulated or Pressured.....	<input type="checkbox"/>	<input type="checkbox"/>
Abused Position of Trust / Authority	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Victim		
Unconscious	<input type="checkbox"/>	<input type="checkbox"/>
Mentally Ill.....	<input type="checkbox"/>	<input type="checkbox"/>
Cognitively Deficient	<input type="checkbox"/>	<input type="checkbox"/>
Age of the Victim, provide age: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otherwise Vulnerable, specify:	<input type="checkbox"/>	<input type="checkbox"/>
RISK FACTORS	Mitigating	Aggravating
Education		
Grade Completed, <i>circle one</i> : -9 9 10 11 12 12+.....	<input type="checkbox"/>	<input type="checkbox"/>
Degree Obtained: <input type="checkbox"/> None <input type="checkbox"/> GED/HSED <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Currently Enrolled	<input type="checkbox"/>	<input type="checkbox"/>
Employment History		
Usually Employed	<input type="checkbox"/>	<input type="checkbox"/>
Same Employer for Extended Period of Time	<input type="checkbox"/>	<input type="checkbox"/>
Employed When Offense was Committed or at Time of Sentencing.....	<input type="checkbox"/>	<input type="checkbox"/>
Lengthy or Frequent Periods of Unemployment.....	<input type="checkbox"/>	<input type="checkbox"/>

Criminal Record			
Criminal Record Not a Factor, check here <input type="checkbox"/>			
No Criminal Record		<input type="checkbox"/>	<input type="checkbox"/>
Prior Misdemeanor(s), total number <input type="text"/> ... Assultive Misdemeanors, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior felony or felonies, total number <input type="text"/> ... Assultive Felonies, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior Offense(s) Similar to Current Offense		<input type="checkbox"/>	<input type="checkbox"/>
Previously Placed on Community Supervision		<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Understates / Overstates Risk.....		<input type="checkbox"/>	<input type="checkbox"/>
On Legal Status / Not on Legal Status when Crime was Committed		<input type="checkbox"/>	<input type="checkbox"/>
Time Since Most Recent Conviction / Incarceration: <input type="text"/> months / yrs.....		<input type="checkbox"/>	<input type="checkbox"/>
Mental and Physical Health			
Mental Health Problem(s) / Physical Health Problem(s).....		<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Health Problems.....		<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Drug Abuse			
Under the Influence When the Offense was Committed.....		<input type="checkbox"/>	<input type="checkbox"/>
Frequent Prior Abuse.....		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prior Treatment <input type="checkbox"/> Never Treated For Alcohol/Drug Abuse		<input type="checkbox"/>	<input type="checkbox"/>
Social Factors			
Married or Long-Term Relationship		<input type="checkbox"/>	<input type="checkbox"/>
Resides With or Supports Children.....		<input type="checkbox"/>	<input type="checkbox"/>
Family Support or Other Support Network.....		<input type="checkbox"/>	<input type="checkbox"/>
Defendant Suffered Prior Abuse.....		<input type="checkbox"/>	<input type="checkbox"/>
Attitude			
Remorse		<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility.....		<input type="checkbox"/>	<input type="checkbox"/>
Detailed Rehabilitative Plan in Progress.....		<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with Authorities / Prosecution.....		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:		<input type="checkbox"/>	<input type="checkbox"/>

OFFENSE INFORMATION

Percent of Offenders Given Probation for the Offense since 2/2003 (TIS II effective date):	Penalty Classification Level:	Permissible Penalties:
60%	Class C Felony	Probation Fine – \$100,000 Maximum Imprisonment – 40 Years <ul style="list-style-type: none"> • Initial Confinement – Maximum 25 Years • Extended Supervision – Maximum 15 Years

RECOMMENDED SENTENCE RANGE

RISK FACTORS			
OFFENSE SEVERITY	Lesser	Medium	High
Mitigated	<input type="checkbox"/> Prob. – 3 yrs confinement	<input type="checkbox"/> 1 – 7 yrs confinement	<input type="checkbox"/> 5 – 14 yrs confinement
Intermediate	<input type="checkbox"/> 1 – 7 yrs confinement	<input type="checkbox"/> 5 – 14 yrs confinement	<input type="checkbox"/> 10 – 20 yrs confinement
Aggravated	<input type="checkbox"/> 5 – 14 yrs confinement	<input type="checkbox"/> 10 – 20 yrs confinement	<input type="checkbox"/> 15 – 25 yrs confinement

OTHER FACTORS THAT MAY WARRANT SENTENCE ADJUSTMENT	Mitigating	Aggravating
PSI Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Read-In Offense(s)	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Multiple Counts	<input type="checkbox"/>	<input type="checkbox"/>
Victim Statement	<input type="checkbox"/>	<input type="checkbox"/>
Restitution Paid Before Sentencing	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney (DA) Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Defense Attorney Recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>